



# **A Physician Guide for the Greater New Orleans Area** **Transitioning Your Adolescent and Young Adult Patients** *Who have special health care needs and disabilities*

## **Provider Transition Guide:**

- **Identify adolescents in your clinic who have special health care needs**
- **Mark their charts for quick identification during clinic visits**
- **Allow for more time during their appointments**
- **Ensure that your staff know to engage adolescent patient's privately during office visits**
- **Inform your adolescent patients' family that he/she will speak one-on-one with you and your staff during office visits**
- **Make a care plan to ensure all health care transition topics have been covered**
- **Have in place a Practice Transition Policy that discusses the steps involved for transferring adolescent patients with special health care needs to providers who care for adults with special health care needs**

## **Action points to include:**

### **Encourage medical responsibility for presenting conditions**

- Review medical history, baseline data, treatments, and medications with your adolescent patient and provide him/her copies
- Speak to your adolescents more frequently about test results, treatment plans, etc., to engage him/her in becoming more active with his/her care
- Teach your adolescent patients on how to recognize warning signs/symptoms that warrant emergency assistance
- Identify any cultural or treatment beliefs that may influence your adolescent patients' agreement with medical guidance, and/or ability to incorporate them into his/her lifestyle

### **Provide anticipatory guidance for:**

- Health insurance coverage after age 18 or 26; discuss with adolescent/family and refer as needed
- Safety in being independent and having an emergency information form with them at all times
- Any nutritional or weight concerns, and discuss exercise/activity program
- Educational goals: High school Diploma; GED; GEE; LEAP; I-LEAP; LAA2 advise the adolescent accordingly
- Social predictors for health: sexuality and special health care needs, family planning and inheritable traits, drug abuse (drug interactions), and mental and behavioral health
- Waiver programs through OCDD ([www.jphsa.org](http://www.jphsa.org) or [www.mhsdla.org](http://www.mhsdla.org))
- Consent and confidentiality issues, and how this changes when the adolescent patient turns 18
- A plan, if necessary for a Power of Attorney, or Guardianship ([www.advocacyla.org](http://www.advocacyla.org))

### **Discuss readiness for transition:**

- Discuss insurance programs with the adolescent/family and waiver programs when appropriate
- Discuss potential adult providers and sub-specialists to see when he/she is an adult and give a list
- Encourage your adolescent patients to meet with various adult providers to select a their new PCP

### **Transfer to a new health PCP:**

- After selection of a PCP, write a medical summary and transfer records to the new PCP, and provide a copy to the adolescent as well
- Arrange meeting with adolescent and their family after the adolescent has transferred in order to ensure satisfaction and that the transfer was minimally disruptive on their health condition status
- Contact the new PCP as needed for any follow-up

**Community Resource:** *Families Helping Families* provides information and parent-to-parent support for families of children with special health care needs. Two offices: In Orleans Parish (504) 943-0343, and in Jefferson Parish (504) 888-9111 [www.fhfsela.org](http://www.fhfsela.org) ; [www.fhfjefferson.org](http://www.fhfjefferson.org)